

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY								
Prefix Serial								
DATE RECEIVED								
1								

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Private placement of partnership interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE
Type of Filing: New Filing Amendment	PROCESSE
A. BASIC IDENTIFICATION DATA	250 09 2003
1. Enter the information requested about the issuer) DEC 0.2 2003
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON
Scarsdale Village Shopping Center, Ltd.	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (713) 522-3132
1202 Hawthorne, Houston, Texas 77006 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Own, hold, lease, improve and operate the Scarsdale Village Shopping Center	The second secon
Type of Business Organization	lease specify): NOV 2 Sama
Month Year Actual or Estimated Date of Incorporation or Organization: 111 013 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o. 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report hereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sa are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION ————	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

A. BASIC IDENTIFICATION DATA											
2. Enter the information requested for the following:											
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.											
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and											
Each general and managing partner of partnership issuers.											
											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Davash Capital, LLC	General and/or Managing Partner										
Full Name (Last name first, if individual)											
1202 Hautharna Hayatan Tayaa 77006											
1202 Hawthorne, Houston, Texas 77006 Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	General and/or										
of General Partner	Managing Partner										
Ashok Kumar Full Name (Last name first, if individual)											
run ivanie (Cast nanie 1151, il individual)											
1202 Hawthorne, Houston, Texas 77006											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director of General Partner	General and/or Managing Partner										
David C. Hetherington	ivializating i artifei										
Full Name (Last name first, if individual)											
1202 Hawthorne, Houston, Texas 77006											
Business or Residence Address (Number and Street, City, State, Zip Code)											
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner										
Full Name (Last name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner										
Full Name (Last name first, if individual)											
	,										
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner										
Full Name (Last name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Business of Residence Address (Number and Silver, Orly, State, 219 Code)											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner										
Full Name (Last name first, if individual)											
· · · · · · · · · · · · · · · · · · ·											
Business or Residence Address (Number and Street, City, State, Zip Code)											

					B. If	NFORMAT	ION ABOU	T OFFERI	NG					
1	Uac the	iccuar acts	l or dose +L	a icenar !-	stand to so	l to non a	coredited :	nvestors :-	this offer	ina?		Yes	No 57	
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										•••••		\boxtimes	
2.	What is	the minim	um investm					_				\$ 24,8	875	
												Yes	No	
3.											\boxtimes			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													
Ful	I Name (I	Last name	first, if indi	ividual)										
Bus	siness or	Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	Lip Code)							
Nai	me of Ass	sociated Br	oker or De	aler										
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	s" or check	individual	States)	•••••		****************	·····			☐ Al	1 States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
		IN	ĨA]	KS	KY	LA	ME	MD	MA	MÏ	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
Ful	ll Name (Last name	first, if ind	ividual)	 									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, Z	Zip Code)					-		
No	of A o	assisted De	roker or De				 						 _	
iva	ine of As	sociated bi	OKEI OI DE	alei										
Sta			Listed Has								-			
	(Check	"All States	s" or check	individual	States)				• · · · · • • • • • • • • • • • • • • •		••••••	All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Fu	ll Name (Last name	first, if ind	ividual)										
Du		. Dasidanas	Addrson ()	Number on	d Street C	Sty Ctoto	7in Code)							
ъu	isiness of	Residence	e Address (1	Number an	ia street, C	ity, state, i	Zip Code)							
Na	ime of As	sociated B	roker or De	aler										
Sta	ates in WI	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All State	s" or check	individua	States)					***************************************		☐ Al	l States	
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	ĜA	HI	ID	
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

i.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price			unt Already Sold
	Debt	,		\$	
	Equity				
	Common Preferred		_		
	Convertible Securities (including warrants)	,		\$	
	Partnership Interests				00,000
	Other (Specify)				
	Total				00,000
	Answer also in Appendix, Column 3, if filing under ULOE.	7,000,000		Ψ <u>1,0</u>	00,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Δ	ggregate
		Number Investors		Dolla	ar Amount Purchases
	Accredited Investors	24	_	\$ 1,5	500,000
	Non-accredited Investors	0	_	\$	0
	Total (for filings under Rule 504 only)	24	_	\$ 1,5	500,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of		Doil	ar Amount
	Type of Offering	Security		:	Sold
	Rule 505		_	\$	
	Regulation A		_	\$	
	Rule 504		-	\$	
	Total		_	\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	[\$	
	Printing and Engraving Costs	6	<u> </u>	\$ <u>1,0</u>	00
	Legal Fees	_	_	\$20,0	00
	Accounting Fees	_	_	\$	
	Engineering Fees	[_		
	Sales Commissions (specify finders' fees separately)	_	_ 		
	Other Expenses (identify)	-	_ 	\$	
	Total		_ 	\$21,0	00

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	nestion 4.a. This difference is the "adjusted gross	3	\$ 1,479,000	
5.	Indicate below the amount of the adjusted gross proceeach of the purposes shown. If the amount for any perfect the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	ourpose is not known, furnish an estimate and e payments listed must equal the adjusted gross	1		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees			\$	
	Purchase of real estate		\$	\$1,479,000	
	Purchase, rental or leasing and installation of machinand equipment	nery	☐ \$	— □\$	
	Construction or leasing of plant buildings and facilit				
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities involved in this or securities of another		_	
	Repayment of indebtedness			_	
			_	_	
	Working capital		· 		
	Other (specify):		∐ ⊅	· [] ₂	
	Column Totals			∑ \$ <u>1,479,000</u>	
	Total Payments Listed (column totals added)		§ <u>1,479,000</u>		
		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the un mature constitutes an undertaking by the issuer to furnis e information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commi	ssion, upon writte		
Iss	euer (Print or Type)	Signature	Date .		
S	carsdale Village Shopping Center, Ltd.	NYM	November 21,	2003	
Na	nme of Signer (Print or Type)	itle of Signer (Print or Type)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

David C. Hetherington

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

President of Davash Capital, LLC, General Partner

1.	ls any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?									
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.									
lssuer (Print or Type) Signature Date									
Scarso	dale Village Shopping Center, Ltd. November 21, 2003									
Name (Print or Type) Title (Print or Type)									
David	C. Hetherington President of Davass Capital, LLC, General Partner									

E. STATE SIGNATURE

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 1 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No AL ΑK ΑZ AR Partnership CA Χ \$49,750 Χ 0 0 interests 1 Partnership CO Χ \$49,750 1 0 0 Х interests \$74,625 CTΧ Partnership 0 Χ interests DE DC Partnership FL2 \$49,750 Χ 0_ 0 Χ interests GA HI ID IL IN ĬΑ Partnership KS Χ 0 0 \$24,875 Х interests KY LA ME MD MA MI MN MS

APPENDIX 1 2 5 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MT NE NVNH NJ NM Partnership NY Χ Χ \$124,375 0 3 0 interests NC ND OH OK OR PARΙ SC SD TN Partnership ΤX Χ 12 \$927,875 Χ 0 0 interests UT VT VA WA WV

WI

APPENDIX										
1 2 3 Disq										
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										